

L67000091237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

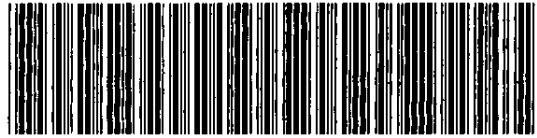
(Business Entity Name)

(Document Number)

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 May-5 AM 11:15

T. HAMPTON  
MAY 10 2010  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** caviar dreams llc  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

james thistle jr  
Name of Person

caviar dreams llc  
Firm/Company

615 north cocoa blvd  
Address

cocoa fl 32922  
City/State and Zip Code

neab1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

james thistle at ( 321 ) 720-2888  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CAVIAR DREAMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/6/2007 and assigned  
Florida document number L07000091237.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

caviar dreams l.l.c.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

615 north cocoa blvd

**(Principal office address MUST BE A STREET ADDRESS)**

cocoa fl 32922

**Enter new mailing address, if applicable:**

po box 562774

**(Mailing address MAY BE A POST OFFICE BOX)**

rockledge fl 32956

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY - 5 AM '08

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

same

**New Registered Office Address:**

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	jonathan thistle	po box 562774 rockledge fl 32956	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	james thistle jr	941 whetstone place rockledge fl 32956	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	laura d thistle	615 north cocoa blvd cocoa fl 32922	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	james r thistle sr	615 north cocoa blvd cocoa fl 32922	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY - 5 AM '10

Dated may/3, 2010

Signature of a member or authorized representative of a member

james thistle

Typed or printed name of signee